

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/284578	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				3			55						
6				3			56						
7				3			57						
8				3			58						
9				3			59						
10				1			60						
11				1			61						
12							62						
13							63						
14							64						
15							65						
16				0			66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			21				TOTAL DEP.						
TOTAL CLAIMS			22				TOTAL CLAIMS						